



PHYSICAL THERAPY BOARD OF CALIFORNIA

Consumer Protection Services Program

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CONSUMER COMPLAINT FORM

PERSON REGISTERING THE COMPLAINT

Please Print or Type

Mr. ☐ Ms. ☐

Name: _____
 (Last Name) (First Name) (M.I.)

Mailing Address: _____

 (City) (State) (Zip)

Phone Number: _____
 (Daytime Number) (Evening Number) (Cell phone/E-mail address)

Mr. ☐ Ms. ☐

Patient Name: _____
 (Last Name) (First Name) (M.I.)

Patient Date of Birth: _____ **Your Relationship to Patient:** _____

I wish to complain about the individual named below. I understand that the Physical Therapy Board of California cannot seek restitution for damages, not provide legal advice or assist with lawsuits. I am, however, submitting this information so that it may be determined whether disciplinary action against the practitioner's license should be considered.

Check One:

☐ Physical Therapist ☐ Physical Therapist Assistant ☐ Physical Therapy Aide ☐ Other

COMPLAINT REGISTERED AGAINST

Name: _____
 (Last Name) (First Name) (M.I.)

License No. (If known): _____ **Office/Facility Name** _____

Street Address: _____
 (Address) (City) (State) (Zip Code)

Phone Number: _____

Has the patient been examined/treated by another professional for this same condition?

☐ No ☐ Yes If yes, provide name and address on Authorization for Release of Medical Information

Reason for Treatment: _____

Date(s) of Treatment: _____

NATURE OF COMPLAINT

The specific California statutes and regulations governing the practice of physical therapy are contained in the Physical Therapy Practice Act (Business and Professions Code 2600-2696, Title 16, California Code of Regulations, Division 13.2), and other pertinent sections of the Business and Professions Code.

Please check the box that best describes the nature of your complaint and provide details.

- ☐ **Substandard Care**
(e.g., Negligent Treatment, Delay in Treatment, etc.)
- ☐ **Unlicensed Provider or Aiding/Abetting
Unlicensed Practice**
- ☐ **Sexual Misconduct**
- ☐ **Unprofessional Conduct**
(e.g., Breach of Confidence, Record Alteration, Fraud, Misleading Advertising, Arrest or Conviction)
- ☐ **Office Practice** (e.g., Failure to Provide Medical Records to Patient, Failure to Sign Death Certificate, Patient Abandonment)
- ☐ **Provider Impairment**
(e.g., Drug, Alcohol, Mental, Physical)

Other _____

Notice: Pursuant to Section 129 of the Business and Professions Code, "...Each board shall, upon receipt of any complaint respecting a licensee thereof, notify the complainant of the initial administrative action taken on his complaint within ten days of receipt..."

DETAILS OF COMPLAINT

(Attach additional sheets if necessary)

What is your expected resolution regarding this complaint? (Please take note that your response to this section will not alter the Board's decision.)

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